SCHEDULE OF AMOUNTS FOR CONTRACT PAYMENT

State of Montana - Department of Administration Architecture & Engineering Division

PROJECT NAME: LOCATION:				A/E # DATE:	
CONTRAC	CTOR:				
ADDRESS	:				
ITEM NO.	DESCRIPTION	LABOR COST	MATERIAL COSTS	OTHER COSTS	TOTAL ITEM COST
TOTAL COST THIS SHEET \$		\$	\$	\$	\$
TOTAL PROJECT COST \$		\$	\$	\$	\$
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Submitted by:(Company/Contractor)			(Name)		(Date)
Reviewed 1	by:				
(Architect/Engineer)			(Name)		(Date)
Approved 1	oy: Architecture & Engineer		(Name)		(Date)
			(I vaille)		(Date)

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